

Surrender License	
	Agent
	Adjuster
	Consultant
	MGA
	Surplus Lines
	TPA
	Viatical
	Other _____
	ALL Licenses

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE**

P. O. Box 517

Frankfort, KY 40602-0517

<http://doi.ppr.ky.gov/kentucky>

502-564-6004

APPLICATION FOR

VOLUNTARY SURRENDER OF LICENSE

NOTE: MUST BE ACCOMPANIED BY ORIGINAL LICENSE

For Office Use Only

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

Cashier: _____

INSTRUCTIONS: Any licensee wishing to voluntarily surrender his/her Kentucky resident or non-resident license **must return the original license and complete the following form in its entirety**, answering completely and correctly, to avoid delays in processing. If a clearance letter is requested, a fee of \$5.00, payable to the Kentucky State Treasurer, per letter, must be provided. All fees are deemed earned when paid and are non-refundable (KRS304.9-200(4)). **NOTE: RESIDENT** licensees subject to an examination have one year in order to reactivate their license, after which you are will be subject to applicable pre-licensing training and examination.

Print FULL NAME: _____ SSN or FEIN: _____	
() New Home Address: _____ Phone: _____ City _____ County _____ State _____ Zip _____	
() New Business Address: _____ Phone: _____ City _____ County _____ State _____ Zip _____	
() New Mailing Address: _____ Phone: _____ City _____ County _____ State _____ Zip _____	
() New e-mail address _____	
CHECK ONLY IF APPLICABLE: Reason for Voluntary Surrender: <input type="checkbox"/> No Longer doing Insurance Business, under the license indicated above <input type="checkbox"/> Moving to another State - No longer doing Insurance Business in Kentucky <input type="checkbox"/> Moving to another State – Requesting change to Non-Resident License in Kentucky <input type="checkbox"/> Moving to Kentucky – Will apply for Resident License in Kentucky	Date of Surrender: _____
Clearance Letter Requested? <input type="checkbox"/> Yes _____ How Many _____ (Clearance Letters are \$5.00 each) <input type="checkbox"/> No	If requesting a clearance letter, please provide mailing address below: (You have 90 days, from the surrender date, to apply for licensure in another state)
	Name: _____
	Address 1: _____
	Address 2: _____
	City, State, ZIP _____
I hereby certify that, under penalty of perjury, all of the information submitted is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me to civil or criminal penalties.	
1. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.	
2. I acknowledge that I am familiar with and understand the insurance laws and regulations of this State. Further, I agree to comply with the insurance laws and regulations of this State.	
Individual Licensee Signature: I, _____, wish to voluntarily surrender my license in Kentucky. _____ Signature of Licensee _____ Date _____	
Business Entity Officer's Signature (If Surrendering a Business Entity License): I, _____, wish to voluntarily surrender my Business Entity license in Kentucky. _____ Signature and Title of Officer _____ Date _____	